



Integrity Technical Solutions

PART I EMPLOYEE INFORMATION

EMPLOYEE NAME: _____

DATE ____ / ____ / ____

DEPARTMENT: _____

INTERNAL OR CONTRACT

PART II TIME-OFF REQUEST

NUMBER OF DAY(S) REQUESTED: _____

I am requesting to be off the following days: ____ / ____ / ____ to ____ / ____ / ____

Type of Request: VACATION

SICK

UNPAID TIME-OFF

PART III SIGNATURES

- Time Off Requests should be submitted promptly, we request at least two weeks in advance for vacation time taken in daily increments, and at least four weeks in advance for vacation time taken in weekly increments.
- Contract employees must have their *Client Site Supervisor* approve the "Time Off Request" Form before submitting to the ITS Division Manager for final approval.
- If Time Off is taken during a payroll week, the employee is required to submit his/her time sheet prior to leaving.

EMPLOYEE NAME: _____

DATE ____ / ____ / ____

Approved OR Denied

CLIENT SITE SUPERVISOR: _____

DATE ____ / ____ / ____

ITS DIVISION MANAGER: _____

DATE ____ / ____ / ____

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Detroit